Complete and send this form, together with applicable fee(s), to: Mail FEB 1 7 2006 or Fax

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

13			, or <u>Fax</u>	(571) 273-2885		
INSTRUCTIONS: This sappropriate. All further coindicated unless corrected maintenance fee notification	rrespendence including the I below or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and PUBL ders and notificatio) specifying a new	ICATION FEE (if required in of maintenance fees correspondence address	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
	7590 11/22/2005			have its own certifica	te of mailing or transmission.	<u>. </u>
BROWDY AND 624 NINTH STRE SUITE 300 WASHINGTON, /21/2006 MBEYENE2 000	DC 20001-5303	2.		I hereby certify that to States Postal Service addressed to the Matransmitted to the US	ertificate of Mailing or Trans this Fee(s) Transmittal is bein, with sufficient postage for fir ill Stop ISSUE FEE address PTO (571) 273-2885, on the c	smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below. (Depositor's name)
						(Signature)
FC:2501	700.00 OP					(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED I		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/830,698	08/01/2001	Jorgen Fenger			FENGER 1	1813
	CARRYING DEVICE FOR B	OX-SHAPED ITI	•		I BITOBIC I	10.5
) }			o			
APPLN, TYPE	SMALL ENTITY	ISSUE FI	EE I	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$0	\$700	02/22/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
NOVOSAD, JENNIFER ELEANORE		3634		211-040000		
 Change of correspondence address or indication of "Fee Address" (37-CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. BROWDY AND NEIMARK, P.			
	RESIDENCE DATA TO B		•	• • •		
PLEASE NOTE: Unless recordation as set forth it	s an assignee is identified be n 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appear on Ta substitute for fili	the patent. If an assigng an assignment.	nee is identified below, the d	locument has been filed for
(A) NAME OF ASSIGN	IEE	(B) RESIDENCE: (CI	TY and STATE OR CO	OUNTRY)	
Joergen Fenger APS			Glostrup	, DENMARK		
Please check the appropriat	e assignee category or categor	ries (will not be pri	nted on the patent)	Individual 🗆 C	Corporation or other private gro	oup entity Government
a. The following fee(s) are	enclosed:	4b	. Payment of Fee(s)		-	
⊠ Issue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # o	f Copies		The Director is Deposit Account N	hereby authorized by umber <u>02-4035</u>	charge the required fee(s), or (enclose an extra c	credit any overpayment, to opy of this form).
_ ` .	(from status indicated above)	•				
	MALL ENTITY status. See 3				ALL ENTITY status. See 37 C	
The Director of the USPTO NOTE: The Issue Fee and I nterest as shown by the rec	is requested to apply the Issu Publication Fee (if required) words of the United States Pate	e Fee and Publicate vill not be accepted and Trademark	ion Fee (if any) or t from any one other Office	o re-apply any previous than the applicant; a reg	ly paid issue fee to the applica gistered attorney or agent; or the	ation identified above. the assignee or other party in

Authorized Signature

Sheridan Neimark

20.520 Registration No.

Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.